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| TRANSMITTAL FORM | | | Application Number | 09/699,098-0 | 09/699,098-Conf. #7141 | |
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| | | | Filing Date | October 27, 2 | October 27, 2000 | |
| | | | First Named Inventor | Frederick S.M. | Frederick S.M. Herz | |
| | | | Art Unit 2165 | | | |
| (to be used for all correspondence after initial filing) | | | Examiner Name | H. Mahmoudi | | |
| Total Number of Pages in This Submission | | | Attorney Docket Number P0813.70016US | | US02 | |
| ENCLOSURES (Check all that apply) | | | | | | |
| X Fee Transr | nittal Form | Drawing(s) | | After Allowance | e Communication | |
| x Fee Attached | | Licensing-re | Licensing-related Papers | | Appeal Communication to Board of Appeals and Interferences | |
| Amendment/Reply | | Petition | | Appeal Commi (Appeal Notice, | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | |
| After Final | | Petition to Convert to a Provisional Application | | Proprietary Information | | |
| Affidavits/declaration(s) | | Power of Attorney, Revocation Change of Correspondence Address | | Status Letter | Status Letter | |
| Extension of Time Request | | Terminal Disclaimer | | X Other Enclosur | X Other Enclosure(s) (please identify below): | |
| Express Abandonment Request | | Request for Refund | | Reference Cited | | |
| x Information | Disclosure Statement | CD, Number of CD(s) | | | | |
| Certified C Document | opy of Priority (s) | Landscape Table on CD | | | | |
| Reply to Missing Parts/ Incomplete Application | | Remarks | | | | |
| Repl 37 C | y to Missing Parts under FR 1.52 or 1.53 | | | | | |
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| Firm Name | | | ANT, ATTORNEY, C | RAGENT | | |
| | WOLF, GREENFIELD & SACKS, P.C. | | | | | |
| Signature | Thobast A amen | | | | | |
| Printed name | Robert A. Jensen | . / . | | | | |
| Date | December <u>17</u> , 2008 | | Reg. No | 61,146 | | |
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| Certificate of Electronic Filling Under 37 CPR 1.8 I hereby certify that this paper (along with any paper referred to a being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(d). | | | | | | |
| Dated: Decembe | Dated: December 12_, 2008 Signature: <u>Fataricia L. Marchetti</u> (Patricia L. Marchetti) | | | | | |

Approved for use through 68000000 10 Liberatif (1998), U.S. Peters and Trestaments (Reduction Act of 1995, no person are required to respond to a collection of information unless it disalogs a wall of OMB Control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) Application Number 09/699.098-Conf. #7141 **FEE TRANSMITTAL** October 27, 2000 Filing Date Frederick S.M. Herz First Named Inventor For FY 2009 Examiner Name H. Mahmoudi Applicant claims small entity status. See 37 CFR 1.27 2165 Art Unit Attorney Docket No. P0813.70016US02 TOTAL AMOUNT OF PAYMENT 180.00 METHOD OF PAYMENT (check all that apply) Check x Credit Card Money Order None Other (please identify): 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C. Denosit Account Denosit Account Number For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below X Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Fee (\$) Small Entity Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) 220 Utility 330 165 540 270 110 Design 220 110 100 50 140 70 330 165 170 85 Plant 220 110 Reissue 330 165 540 270 650 325 Provisional 220 110 Λ 0 2 EXCESS CLAIM FEES Small Entity Fee Description Fee (S) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Extra Claims Fee (\$) Multiple Dependent Claims Total Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP =____ HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (S) Number of each additional 50 or fraction thereof Fee (\$) /50 = _____ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00 SUBMITTED BY alanen Signature 61,146 Telephone 617.646.8000 December 12 , 2008 Name (Print/Type) Robert A. Jensen Date

Certificate of Electronic Filing Under 37 CFR 1.8 I here by certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing

Manchatti (Patricia L. Marchetti)

Signature: Katricio

system in accordance with § 1.6(a)(4),

Dated: December 12, 2008